FRANKLIN PUBLIC SCHOOLS

Revised 1-21-09 dt
Policy #6731

# Field Trip Permission Slip

Dear Parent/Guardian - Your permission is needed to allow your son/daughter to participate in the

**Field Trip to:** Guest House of Milwaukee

Date _____ Depart 3:15 pm _____ Return _____

Transportation/Admission amount to be collected $ _____. Please make your check payable to FPS.

Comments: Return time is generally between 7-7:30pm. Visit: http://fpms8redss.wikispaces.com/Volunteer+Club for more information

**Please return the permission slip and the fee by** _____

If you have any questions or concerns, please contact your child's teacher. School Board policy requires that a signed parent/guardian permission form for each student must be on file with the principal prior to departure. Please complete and return the bottom section.

Thank you. Teacher/Advisor Mr. Vogt

**Parent/Guardian Copy**

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# Field Trip Return Slip

Student _____ Room _____

State standards have recently addressed emergency medical procedures for field trips. To meet this requirement, teachers/chaperones must have information regarding the special medical needs of your child. If such needs exist, please provide the necessary information. e.g. allergy to bee sting, medication, etc.:

_____

☐ **I am willing to be a volunteer chaperone for the field trip if needed.** Note: a background check is required. You can obtain the background check form from the school office. The completed form will then be kept on file with the Human Resource Department.

☐ **Sorry,** I am unable to be a volunteer chaperone at this time.

☐ **I hereby grant permission for my son/daughter to participate in the field trip to:**

Guest House of Milwaukee

***Please return this slip to: (Teacher/Advisor)*** Mr. Vogt

***Please return this slip and the fee by*** _____

**Parent/Guardian Signature** _____ Date _____

Phone number _____ Cell Phone _____

In consideration of permission to participate, I agree to release the Franklin School District, its representatives, and its agents from all liability for any claims resulting from my participation in the Student Volunteer Club. I acknowledge that I am signing the agreement freely and voluntarily.

I have read the above terms and agree to them.

Print student's name _____

Student's signature _____ Date: _____

Signature of parent/guardian _____ Date: _____